

# MENTAL HEALTH SERVICE SYSTEM & GAP ANALYSIS

For Washington and Ozaukee Counties

August 2017

# Acknowledgements



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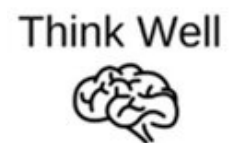
The Center for Urban Population Health for analyzing and developing this report for our coalitions.

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The many gatekeepers that took their time to be interviewed and give professional feedback on the current state of mental health within their work and community.

To community members that access mental health services and allowed us to have an open dialogue about their views and thoughts and feeling safe to disclose their needs.



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Quality mental health care is vital for a healthy community. It should be readily available, collaborative, effective and it should vary to meet the individual's needs.



Mental Health Provider

# Purpose

There is no question that there needs to be a coordinated way by which a community can assess, support, treat, and care for its members who suffer from mental illness. This report presents a summary of findings of resources, assets, barriers, gaps, and recommendations related to mental health services in Ozaukee and Washington Counties. These mental health services, assets, barriers, and recommendations were

identified in 2017 by key informants who represented a variety of sectors engaged in mental health service provision in Ozaukee and Washington Counties. The purpose of this report is to provide a better understanding of the mental health service gaps within Washington and Ozaukee Counties, based on the expertise of those who work closely with these systems.

## Process

Fifty-nine group and individual interviews were conducted between February and June 2017. Key informants were identified and interviewed by staff from the Washington Ozaukee Public Health Department and Mental Health Coalition members between February and June 2017. Interviewers were volunteers from the Washington and Ozaukee Public Health Department staff, UW-Milwaukee Nursing Students, and Medical College of WI MPH student. Two interviewers conducted individual and group interviews. Interviews were recorded and notes were taken on key themes, ideas, and expressions. The notes were provided to Center for Urban Population Health (CUPH) for analysis. The interview guide was developed by INVEST Mental Health Coalition of Ozaukee County and Think Well Coalition of Washington County in collaboration with the Washington Ozaukee Public Health Department. The interview guide included the following questions:

- What mental health needs do you see within our community?
- How would an individual in our community get services for their mental health needs?
- What are the resources in our community for mental health services?
- Statistics show that a significant amount, over 50%, of youth and adults who have any mental illness do not receive the mental health services they need. What are the causes of this treatment gap for children and adults?
- What might be lacking that could help reduce the mental health treatment gap?

- What is working that helps to reduce the gap?
- What needs to be addressed in our communities to help individuals in need of mental health services?
- If you had money to spend on mental health services, what would you spend it on?

All informants were made aware that participation was voluntary and notes from their responses would be shared with the CUPH for analysis and reporting.



51 one-on-one interviews

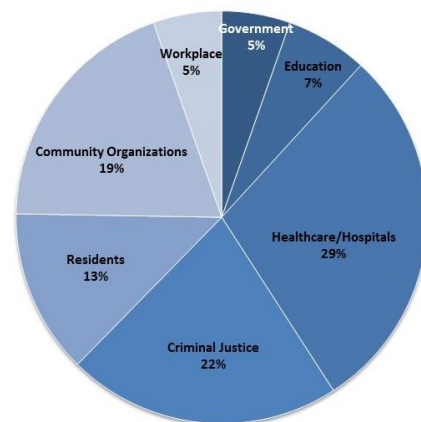


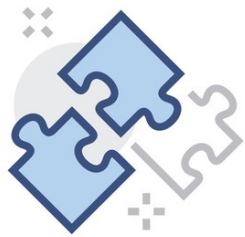
8 focus groups were held



111 individuals contributed

Community Sectors Represented





# Executive Summary

# MENTAL HEALTH SYSTEMS & GAP ANALYSIS: EXECUTIVE SUMMARY

## THE ISSUE



The Centers for Disease Control defines **mental health** as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

Ozaukee and Washington Counties have experienced an increase in residents reporting mental health conditions over the past 6 years. Residents in both counties are in such need that they complete suicide.

Key informants named some specific mental health issues they commonly see in the communities they work in. Across sectors and counties the most commonly mentioned issues were stress, depression, anxiety, substance abuse, and suicidal ideation.

The mental health needs of the residents of Ozaukee and Washington Counties are met through the public, non-profit, and private sectors. Key informants named public services and staff in both counties as an important piece of the mental health service and referral system. Most mental health treatment is provided by private healthcare providers at hospitals and clinics. In addition to health care and counseling services, other for-profit and non-profit organizations and agencies in the counties provide services and referrals related to the mental health needs and well-being of the counties’ residents.

Key informants shared that the accessible mental health care is working for the patients who are able to get into these services. Key informants shared that there are quality local health care systems and providers. When case management is provided along with services or treatment, there is more success. The community is becoming more aware of mental health in general.

## THE RESPONSE



## THE FEEDBACK



This report presents a summary of findings of resources, assets, barriers, gaps, and recommendations related to mental health services in Ozaukee and Washington Counties. These mental health services, assets, barriers, gaps, and recommendations were identified in 2017 by key informants who represented a variety of sectors engaged in mental health service provision in Ozaukee and Washington Counties. There were overarching themes across each area that led to the following recommendations.

### Recommendations

#### Workforce Development

Invest in attracting and retaining people in mental health and related fields at all levels. There is a shortage of mental and behavioral health providers and alcohol and drug treatment providers, but also social workers, crisis staff, navigators, case managers, peer support, community support staff, and advocates.

#### Increased staffing

Embed mental health staff across settings and provider networks, including in schools, child care settings, primary care settings, assisted living and senior centers, community centers, organizations like the Boys and Girls Club and YMCA, and within public services.



# EXECUTIVE SUMMARY

# THE FEEDBACK



## Additional Facilities

More in-patient and out-patient facilities are needed to meet the mental health and substance abuse needs of the counties' residents. Facilities need to be affordable, accessible to residents, and provide case management services to ensure patients transition in and out smoothly. Facilities should be a "one stop shop" for services and resources patients and their families may need.

## Addressing Stigma

Embarrassment, shame, fear of what others will think, and misunderstanding can keep people from accessing the services they need. Increased community-level awareness and education about mental illness and mental health might be necessary to change attitudes. One key informant suggested communities need to talk to each other more and cultivate empathy. Two key informants recommended the presence of mental health service providers in the community in positive ways might work to increase visibility, and decrease fear or intimidation about seeking help when needed. It was suggested that providers could be present for mental health promotion activities in the community, or be available at senior centers or places that have programming for children to have casual conversations in a way that doesn't intimidate people.

## Increase Awareness of Existing Resources

County residents as well as professionals in the community need to be aware of the resources offered by the County and other organizations in their area. Key informants recommended a centralized updated list of relevant local services, a centralized "hub" to connect people to services and resources in the counties, and better utilization and population of resources into 2-1-1.

## Education

Continue to train staff and providers across sectors to identify mental health issues and how to respond appropriately. Key informants also noted training has to be on-going , with follow-up education provided. Some key informants suggested trainings need to be customizable and fit into staff schedules to make sure everyone receives the training, especially for first responders and emergency services who work at all hours.

## Transitional Housing

Halfway houses and sober living options for individuals and families are needed to keep people in treatment and provide services while maintaining their health and transitioning toward independent living.

## Health Promotion for Staff

Mental health screening and promotion of mental health and wellness is important for everyone. Key informants mentioned it is important to keep staff healthy, especially as they experience stress, burn-out, secondary trauma, and compassion fatigue associated with providing care and services. Regular screenings for professionals working in these fields is an important consideration.

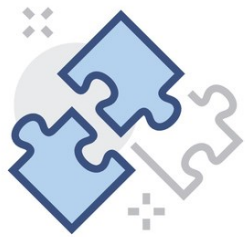


*No one is exempt or immune from having or being in a crisis of some sort at some point in their life. Whether it is a teacher, law enforcement, a next door neighbor or a loved one that is with an individual when a mental health crisis occurs, but we are able to chose how we react to those behaviors. Being educated on how to handle these situations when they arise will ease comfort levels.*



Counselor





## The Feedback

# THE FEEDBACK



*I believe that the importance of having mental health care in the community is to alleviate illness and help to make the mentally ill comfortable and prevent them from hearing voices, having suicidal thoughts, and achieving wellness with the help of doctors and nurses and medication.*



*Nonprofit Organization*

## Analysis of Interviews

An interview guide was developed by INVEST Mental Health Coalition of Ozaukee County and Think Well Coalition of Washington County in collaboration with the Washington Ozaukee Public Health Department, and a Graduate Student through the Medical College of Wisconsin. It was developed to facilitate discussion to produce a better understanding of current service delivery conditions, gaps in and barriers to service provision, and resources needed to improve mental health in these communities. An initial list of codes was created based on the interview questions.

Additionally, codes were created for themes not directly applicable to the initial codes as they emerged. Codes that could not be applied consistently or overlapped with other codes were modified or deleted. Codes were examined for usage across interviews to identify salient themes. This report presents the key themes based on analysis of the summaries provided to the Center for Urban Population Health.

## Findings

The following pages represent the main themes identified across sectors and across interviews.

## Mental Health Needs

Some key informants described the scope of their services related to the mental health needs of the patients or clients they see:

- One key informant from estimated the police department spends two to three hours on mental health cases per day, depending on the types of calls they receive. Sometimes officers can spend many more hours waiting with an individual at a hospital to process a Chapter 51 commitment.
- One probation and parole agent has four NGI (not guilty by reason of insanity) patients and 15 other clients with mental health needs on their case load.
- In 2016, Ozaukee County Human Services saw 103 individuals for case management, 42 families, 50 children in their grief and divorce support group, and 28 children in their support group for girls.
- The Ozaukee County District Attorney's Office estimated addiction and dependency makes up 25 to 50% of their cases, and 10% of their court cases have mental health needs.
- Between November 2015 and November 2016, one-third of clients at the Ozaukee County Aging and Disability Resource Center had a mental health condition.



## *Mental Health Needs cont.*

- One behavioral health care provider assessed 10-12 patients for mental health needs in January 2017, and 15 patients in February 2017.
- One Emergency Department healthcare provider estimated they see 15 cases of mental health distress per week, including suicidal ideation and overdoses. About one-third of these patients are voluntary.
- It is estimated about one-third of military veterans have a mental health issue.
- Washington County Human Services estimates the wait time to see a therapist is four to six weeks, the wait to see a psychiatrist is about three months, and the wait to see a child psychiatrist is about three weeks.
- One Emergency Department reported needs have increased as access to mental health services has changed. They are seeing more co-occurring mental health issues with substance abuse, especially heroin.
- In Washington County, four county-based therapists serve about 1,200 clients.

## **Specific Needs Identified**

Key informants named some specific mental health issues they commonly see within the communities they work. Across sectors and counties the most commonly mentioned issues were stress, depression, anxiety, substance abuse, and suicidal ideation. Other issues included paranoia, attention-deficit/hyperactivity disorder, phobias, schizophrenia, trauma and post-traumatic stress disorder, adverse childhood experiences, bipolar disorder, oppositional defiant disorder, personality disorders, hoarding, grief and loss, and isolation.

Dual-diagnosis: Alcohol and/or drug abuse are often co-occurring with mental illness. Key informants see patients who have underlying mental health issues that lead to substance abuse across all age groups. The most commonly named substances abused were alcohol and opioids, including heroin. Fewer key informants mentioned marijuana, methamphetamine, and “substance abuse” more broadly.

Veterans may have unique needs as they transition from military service to civilian life.

Some key informants see criminal behaviors co-occurring with mental health and substance abuse issues, such as community and domestic violence and theft.





## Who is Serving the Community

**Sectors.** The mental health needs of the residents of Ozaukee and Washington Counties are met through the public, non-profit, and private sectors. Key informants named public services and staff in both counties as an important piece of the mental health service and referral system. This includes County Human Services, Veterans Services Offices, public school districts, Sheriff's Offices, Police Departments, Fire Departments, Emergency Medical Services, and the criminal justice system, including Public Defenders' Offices, District Attorneys' Offices, Judges, and Probation and Parole agents.

With regard to mental health services in Ozaukee County, the Human Services Department includes the Aging and Disability Resource Center, Children and Families' services, the, and the Criminal Justice Collaborating Council.

In Washington County, the Human Services Department includes the Aging and Disability Resource Center, Acute Care Services' Crisis Intervention Team, Behavioral Health Services, and Children and Families services.

**Health Care.** Most mental health treatment is provided by private healthcare providers at hospitals and clinics. Though these providers are crucial in providing quality mental health services and treatment, there are often barriers to accessing these services due to a shortage of providers, long waiting times for appointments, the distance residents have to travel to get to services, and the financial costs of accessing health care. Residents of

both counties access services at large medical systems, including those that have hospitals located in these counties: Aurora Health Care, Froedtert and the Medical College of Wisconsin, and Ascension Columbia St. Mary's. Though not located within the counties, the Rogers Memorial system was named as a provider of mental health care for county residents.

Key informants from Washington County in particular named the State Department of Health Services' Winnebago Mental Health Institute as a place their residents may be referred to for services, as well as St. Agnes Hospital in Fond du Lac, and Affinity Health's St. Elizabeth Hospital in Appleton.

Key informants from both counties named the following clinics as providers of mental and behavioral health services and counseling: Albrecht Free Clinic, Kettle Moraine Counseling, Affiliated Clinical Services, Inc., Calm Harbor, Professional Services Group, and Ozaukee Family Services. Additionally, the VA Medical Center is an important health services provider for veterans.

**Support Organizations.** In addition to health care and counseling services, other for-profit and non-profit organizations and agencies in the counties provide services and referrals related to the mental health needs and well-being of the counties' residents. Key informants commonly named these

organizations they refer to or receive referrals from: Ozaukee Family Services, COPE Hotline and their other services, the National Alliance on Mental Illness (NAMI), Elevate Community Resource Center, faith-based communities and church resources, veteran services, senior centers and assisted living facilities, Family Promise, LiFE OF HOPE, and United Way.

## Special Populations

Due to their representation of a variety of sectors, key informants discussed different segments of the population of Washington and Ozaukee Counties. Because of the relevance to their positions, some focused their responses on these specific populations: children, adolescents, students, family units, foster children and Child in Need of Protection or Services (CHIPS)/child welfare cases, older adults or senior citizens, military veterans, and homeless individuals. Though these may be the populations some key informants have the most experience working with, mental health and mental health issues were identified as impacting the whole community more generally.

There is a sense that mental health issues touch many peoples' lives and county-wide awareness of these issues was named as an important step to addressing mental health in the counties.



## What is Working

Key informants shared their experiences about the services and referrals in place that are meeting the mental health needs of county residents.

- The mental health care that is accessible is working for the patients who are able to get into these services. There are quality local health care systems and providers.
- When case management is provided along with services or treatment, there is more success.
- The community is becoming more aware of mental health in general.
- Community paramedicine can be helpful in managing conditions and avoiding unnecessary utilization of emergency services.
- Having a mental health provider in the schools (Port Washington-Saukville) is helpful.
- Mental health training and professional development for staff in a variety of settings, including public schools, Crisis Intervention Training (CIT) for police officers and Crisis Intervention Partners (CIP) training for fire department staff, assisted living staff. One key informant from Washington County reported education provided in partnership with a local police department has resulted in fewer referral to the juvenile justice system and more referrals to appropriate mental and behavioral health services.
- Community-based programs and resources, including strong systems of churches that provide services, and Comprehensive Community Services' community-based programming through Counties' Behavioral Health is helping the community according to several key informants.
- Peer support is working.
- The partnerships at the County level and mental health coalitions in both counties are working to make services less siloed.
- Medication assistance programs.
- The bilingual services that are available for Spanish-speaking residents at some clinics are helpful in removing a barrier to accessing services.
- The Sheboygan Area Veterans Court for military veterans takes cases from Washington and Ozaukee Counties (among others) where a behavioral health issues has contributed to their criminal offense.
- The Washington County Sheriff's Office has two officers dedicated to Chapter 51 cases.
- Counties' crisis intervention services are an important service. One key informant reported they are great at helping to plan and providing advice. One key informant shared they are helpful at responding to school cases.
- Depression screening in hospitals.



*I've been fortunate to witness the impact that mental health services has had on children and adolescents in the community as a provider. With the support of a treatment team, youth with chronic mental illness are able to learn to cope with their challenges and recognize their potential.*



*Mental Health Provider*





## Gaps and Barriers that Keep People from Services

**Access.** Key informants shared that the inability to access services keeps many people from getting the treatment they need. The expense of services, co-pays, limited insurance coverage for mental health services, the cost of medications, and simultaneous low reimbursement for mental health services makes such treatment unattainable for many people. For residents who have Medicaid, finding a provider to see them can be more challenging. The shortage of providers means patients cannot always access the services when they need them or when they are referred to them. It can be especially hard to find services for children and adolescents. Public transportation options in the counties are limited and may not connect people to where they need to go for care, especially in more rural areas of the counties where there are fewer services.

A key informant serving a largely Latinx population shared that immigration status may present an additional layer of fear that makes accessing services difficult.

Because it can be hard to access services for any number of reasons, people may wait too long and end up accessing care only in a time of crisis.

Navigating health care, treatment, community resources, medications, and insurance can be complicated.

Some key informants noted Health Insurance Portability and Accountability Act (HIPAA) legislation can create challenges to working with

a patient across different settings, such as between health care and law enforcement, between health care and independent living facilities for seniors, or between the fire departments and mental health services.

**Complexity.** Poverty, housing instability, and crises that emerge from other unmet basic needs make it difficult to manage health issues, including mental health needs.

**Awareness/Stigma.** There is a general lack of awareness of mental health issues, the services available, and where to go to get help.

Stigma, fear, shame, embarrassment, denial, and lack of understanding of mental health and mental illness were commonly cited as reasons why people might not want to seek a diagnosis or treatment. These were mentioned as reasons individuals may not seek care, and also why parents may postpone or forego mental health services for their children. Key informants noted some people do not seek help because they do not want mental illness noted in their health care record.

Key informants named certain populations where the stigma of mental illness can be an especially strong deterrent to accessing services, including military service members or veterans, some senior citizens, and members of some racial and ethnic minority groups.

**Training.** Some key informants

named a lack of staff training as a barrier to connecting residents to the right resources, especially for law enforcement and first responders. They have to know so many different things, they may need more training and experience to know the right places to take people.

Key informants from criminal justice, law enforcement, and first responders report that they see some of the same people go through the system repeatedly. When people cannot access the services and treatment they need, they end up being picked up again for the same issues.

One key informant identified a gap between release from jail and accessing insurance:

*“There is a gap between release from jail and getting BadgerCare or getting a job. This means if someone was getting [medication] in jail, they might not have access to the meds once released. Our probation agents do a great job if the person is on probation to get the ball rolling on this, but not everyone leaves jail on probation.”*



# THE FEEDBACK



## What is Missing

**Access.** There are not enough providers or treatment facilities to meet the needs of the residents of the counties. Systems and providers are stressed to provide care for so many cases with so few providers and staff. More providers and staff are needed to provide in-patient and out-patient mental health services, treatment, and counseling, especially to residents who have Medicaid coverage, who lack insurance, or who cannot afford to pay for services and medications. It is important to increase the number of providers and services overall, but key informants also recognized the need for providers who work with certain populations, like children and adolescents, the elderly, individuals who have co-occurring substance abuse and mental health issues, and residents who do not speak English, as it may be even harder to find resources and services for these patients.

**Transitions.** Key informants talked about the importance of having care during transitions and how this is often a missing piece for patients or clients. The kinds of transitions mentioned include moving from in-patient to out-patient services and transitioning from jail to living independently. Transitions can be supported with case management and supportive living environments. Key informants identified halfway houses and sober living options as something missing in the counties. Some mentioned more specific needs, such as supportive sober living options for moms with babies, and families with children in general.

**More services and programs overall.** Some key informants named specific needs, such as options for mom and baby dyads, people abusing substances, veterans, seniors, more resources in schools for children and adolescents, and assisted living facilities for dual diagnosis cases.

**Awareness.** Awareness of available resources is lacking. People are not sure which resources they need, which resources exist, or how to access them. Key informants believe there needs to be more general awareness, education, and understanding of what the mental health issues actually are in the counties, and for the public, providers, and first responders to be more aware of these needs. One key informant also mentioned the need to make elected officials aware of the needs so they can be educated to make appropriate funding decisions.



*I can tell my therapist things I don't want to worry my mom with...we always end up telling my mom together anyway and everyone feels better.*



*19 year client*

## Referrals

Key informants indicated there are number of avenues for service and resource referral. Residents could be referred through 2-1-1, school services, insurance companies, employers, social workers, law enforcement, a health care provider, emergency medical services, County Human Services, the VA medical system, word-of-mouth, or self-referral through a telephone book or internet search.

Many key informants discussed Chapter 51 commitment as another way people get referred to services. If someone with a mental health or substance abuse issue presents as a risk to themselves or others, either by calling the crisis number or presenting in the community, law enforcement takes them into custody and transports them to an inpatient facility for care.

A clinician from the County's Crisis Management Services (Ozaukee) or Acute Care Services (Washington) assist in evaluating the person's mental health status when determining the appropriateness of voluntary or involuntary hospital admission.

A key informant from an Emergency Department setting shared that all overdose patients presenting in the Emergency Department receive this type of commitment. Of this process, one key informant estimated it can take between three and 16 hours for a patient to be admitted into an inpatient setting, during which time the police officer has to wait with them.







## What is Needed to Address Gaps and Barriers

**Services.** Most key informants shared that more providers and more services are needed in the counties. This includes inpatient and outpatient services, County mental health facilities, better outpatient services, services for children, counselors, psychiatrists, social workers, peer support workers, navigators, behavioral health care coordinators, and mobile crisis teams of workers.

Some key informants mentioned Washington County could use additional providers related to substance abuse in particular, including a Suboxone provider, a Methadone program, detox programs (including social model detox for acute opioid withdrawal), and a focus on developing specialty referrals for substance abuse.

Key informants suggested mobile treatment options that bring services to where people are, such as in schools, senior centers, and other non-clinical settings, and bringing services into peoples' homes.

Some key informants cited peer support programs in the counties as a way to enhance other services and address some of the gaps in accessing services.

**Workforce.** Creating a career "pipeline" to steer young people into pursuing careers in psychiatry, psychology, therapy, counseling, social work, and other mental and behavioral health fields, while also offering incentives for young

professionals to come back to work in Washington and Ozaukee County once they have attained their education is one strategy suggested to meet the staffing needs of the field in the counties.

Funding for mental health services, staff, professional development and staff training, and infrastructure to deliver those services would address many of the gaps and barriers named by key informants.

**Coverage.** Policy change is needed to support increased Medicaid reimbursement for services and greater insurance reimbursement for mental health services.

**Court Alternatives.** Following the example of drug courts, a treatment court and mental health court could be helpful to getting people the kind of rehabilitation they need.

**Resources.** An updated, centralized list of services, providers, and resources to refer to, especially for free or low-cost options, and promotion of these resources is needed to build community awareness.

**Appropriate Continuum of Care.** Enhanced continuum of care model that works across sectors would help to promote mental health from prevention to treatment and recovery and prevent people from getting lost between systems.

Some people need more support than others in their treatment. This can include quality treatment and navigation plans, warm transitions between services or sectors, diagnosis counseling, post-crisis follow up, peer support programs, and case management services. They also recommended residential treatment options, where people can live and work while receiving treatment, medication support, and case management to help them transition back into society.

**Awareness/ Education.** Many key informants suggested education and awareness for the community, to help people to be aware of services and resources while also serving to reduce the stigma around mental illness. One key informant suggested community workshops, events, and campaigns focused on stigma reduction and to inform the community about mental health, signs and symptoms that something might be wrong, and what to do or where to go for help.



## Recommendations

### Workforce Development

Invest in attracting and retaining people in mental health and related fields at all levels. There is a shortage of mental and behavioral health providers and alcohol and drug treatment providers, but also social workers, crisis staff, navigators, case managers, peer support, community support, and advocates.

### Increased Staffing

Embed mental health staff across settings and provider networks, including in schools, child care settings, primary care settings, assisted living and senior centers, community centers, organizations like the Boys and Girls Club and YMCA, and within public services.

### Additional Facilities

More in-patient and out-patient facilities are needed to meet the mental health and substance abuse needs of the counties' residents. Facilities need to be affordable, accessible to residents, and provide case management services to ensure patients transition in and out smoothly. Facilities should be a "one stop shop" for services and resources patients and their families may need.

### Addressing Stigma

Embarrassment, shame, fear of what others will think, and misunderstanding can keep people from accessing the services they need. Increased community-level awareness and education about mental illness and mental health might be necessary to change attitudes. One key informant suggested communities need to talk to each other more and cultivate empathy.

Two key informants recommended the presence of mental health service providers in the community in positive ways might work to increase visibility, and decrease fear or intimidation about seeking help when needed. It was suggested that providers could be present for mental health promotion activities in

the community, or be available at senior centers or places that have programming for children to have casual conversations in a way that does not intimidate people.

### Increase Awareness of Existing Resources

County residents as well as professionals in the community need to be aware of the resources offered by the County and other organizations in their area. Key informants recommended a centralized updated list of relevant local services, a centralized "hub" to connect people to services and resources in the counties, and better utilization and population of resources into 2-1-1.

### Education

Continue to train staff and providers across sectors to identify mental health issues and how to respond appropriately. Key informants also noted training has to be on-going, with follow-up education provided. Some key informants suggested trainings need to be customizable and fit into staff schedules to make sure everyone receives the training, especially for first responders and emergency services who work at all hours.

### Transitional Housing

Halfway houses and sober living options for individuals and families are needed to keep people in treatment and provide services while maintaining their health and transitioning toward independent living.

### Health Promotion for Staff

Mental health screening and promotion of mental health and wellness is important for everyone. Key informants mentioned it is important to keep staff healthy, especially as they experience stress, burn-out, secondary trauma, and compassion fatigue associated with providing care and services. Regular screenings for professionals working in these fields is an important consideration.





*Having a non-judgmental approach to everyone we encounter, regardless of their diagnosis, is a key component to being part of the solution. Health is a state of physical, mental and social well-being. One's social well-being is hard to nurture if a community doesn't create an environment that is conducive to this. Providing a community setting that promotes physical, mental and social well-being will help decrease health care costs as well.*



*Anonymous*

# Collaborating for Impact

There are many areas of need in a community with limited resources to respond. In addition, areas of focus like mental health are complex and require coordination to assess, support, treat, and care for its members. Public Health and Health Care have been working together to convene stakeholders in Washington and Ozaukee Counties for the past 6 years in various ways.

## **History of the Mental Health Coalition Collaboration**

In 2016 the mental health coalitions of Washington and Ozaukee County began exploring what a mental health friendly community would look like in their respective counties. Through research and collaboration, they developed a model called “Cultivate”. The model will be implemented in municipalities through action steps towards building a mental health friendly community. In order to understand the gaps within their community they applied for an incubator grant through the Medical College of Wisconsin to conduct a gap analysis on mental health. This report reflects their findings.

## **Think Well-Washington County**

The Well Washington County-Think Well Committee originally started in 2014 as the Community Health Collaboration. It was organized by Froedtert and the Medical College of Wisconsin to bring partners together to align community resources to address mental health and AODA issues in Washington County. However, in 2015 the Washington and Ozaukee County Public Health Department merged and were able to act as the backbone organization to support community health initiatives in both counties. Well Washington County, the county-wide health coalition, was developed and restructured to include the Community Health Collaboration.

## **INVEST-Mental Health-Ozaukee County**

The INVEST Mental Health Committee originally started in 2011 under the Healthy People Ozaukee County Coalition through the Ozaukee County Public Health Department. Over the last six years the coalition has worked on mobilizing residents, organizations, and stakeholders to address the factors affecting health of Ozaukee County residents. Focus areas for the coalition include obesity, mental health, tobacco, and substance abuse.

## Coalition Members



Froedtert & Medical College of Wisconsin  
Medical College of Wisconsin  
COPE Crisis Hotline  
NAMI of Ozaukee County  
NAMI of Washington County  
UW- Milwaukee College of Nursing  
IMPACT 211  
United Way of Washington County  
United Way of Ozaukee County  
Port Washington School District  
West Bend School District  
Grafton School District  
Cedarburg School District  
Moraine Park Technical College  
Rogers Memorial  
WISE RogersInHealth  
Washington County Human Services Department  
Ozaukee County Human Services Department  
Albrecht Free Clinic  
Casa Guadalupe Education Center  
Rawhide  
Advocates of Ozaukee  
Ozaukee Family Services  
Southeastern and Ozaukee County Tobacco Free Coalition  
Elevate, Inc  
Washington and Ozaukee Fire and Police Departments  
Probation and Parole in Washington and Ozaukee Counties  
The Threshold, Inc  
LiFE OF HOPE  
Ascension  
Aurora Health Care  
FRIENDS, Inc.  
Columbia Center Birth Hospital  
Columbia St. Mary's  
Calvary Lutheran Church  
Ozaukee County Sheriff's Office  
Ozaukee County Public Defender and District Attorney  
Starting Point, Inc.  
Washington County Aging and Disability Resource Center  
Ozaukee County Aging and Disability Resource Center  
Washington Ozaukee Public Health Department  
Washington County Family Center



# Participating Stakeholders

Washington and Ozaukee Counties, Mental Health Gap Analysis, Organizations represented in Key Informant Interviews



Albrecht Free Clinic of Washington County  
Allentown Fire Department  
Ascension Columbia St. Mary's Hospital  
Aurora Health Care  
Casa Guadalupe Education Center, Inc.  
City of West Bend  
COPE Hotline, COPE Services Ozaukee County  
Family Promise  
FRIENDS, Inc.  
Froedtert & the Medical College of Wisconsin  
Grafton High School  
Hartford Fire Department  
Hartford Senior Center  
Jackson Fire Department  
Kettlebrook Church  
Lasata Senior Living Campus  
LiFE OF HOPE  
Lifestar Emergency Medical Services  
Moraine Park Technical College  
National Alliance on Mental Illness (NAMI) Ozaukee  
Ozaukee County Administration  
Ozaukee County Aging and Disability Resource Center  
Ozaukee County Clerk of Circuit Courts  
Ozaukee County Community Members  
Ozaukee County Department of Human Services  
Ozaukee County District Attorney's Office  
Ozaukee County Fire Chiefs  
Ozaukee County Jail  
Ozaukee County Parole and Probation  
Ozaukee County Police Departments  
Ozaukee County Public Defender's Office  
Ozaukee County Sheriff's Office  
Ozaukee County Veterans Services Office

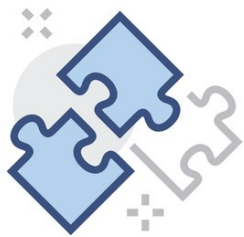
Ozaukee Family Services  
Port Washington School District  
Rawhide Youth Services  
Rogers Memorial Hospital  
Saint Kilian Parish and School  
Slinger Fire Department  
Slinger School District  
Still Waters Community United Methodist Church  
University of Wisconsin- Washington County  
Washington County Aging and Disability Resource Center  
Washington County Community Members  
Washington County Human Services  
Washington County Police Departments  
Washington County Samaritan Health Center  
Washington County Sheriff's Office  
Washington County Veterans Services Office  
Washington Ozaukee Public Health Department  
Washington Workplace  
West Bend Emergency Medical Services  
West Bend Fire Department  
West Bend School District

“When people feel isolated and unable to access resources, the consequences can be tragic. That's why it's critical for our community to unite for our neighbors and friends who are struggling with mental health and addiction. Together, we can open the dialogue, increase awareness, and ensure that everyone who needs support is able to find it. To live better, we must live united.”

Funder







## Washington County Specific Issue and Response Data

# THE ISSUE



The Centers for Disease Control defines **mental health** as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

Everyone does not experience mental health equally.

## WASHINGTON COUNTY

7% ↑

Increase in residents reporting mental health conditions between 2008-2014.

3

Mentally unhealthy days reported by residents in the past 30 days

4%

Of residents felt so overwhelmed they consider suicide in the past year.

13

Residents completed suicide in 2016.

The conditions and experiences identified by those interviewed include: **stress, depression, anxiety, paranoia, ADD, schizophrenia, PTSD, trauma, bipolar disorder, personality disorders, suicide.**

People usually don't experience these conditions alone; there are often co-occurring issues including: **substance use (alcohol, heroin/opioids), chronic disease, or criminal activities.**

Key informants of this report noted specific populations disproportionately affected by mental health issues. They included:

- children,
- adolescents,
- students,
- family units,
- foster children and Child in Need of Protection or Services (CHIPS)/child welfare cases,
- older adults or senior citizens,
- military veterans, and
- homeless individuals.

Though these may be the populations some key informants have the most experience working with, mental health and mental health issues were identified as impacting the whole community more generally. There is a sense that mental health issues touch many peoples' lives and county-wide awareness of these issues was named as an important step to addressing mental health.

62.2%

ADRC clients have had a recent change in behavior or mood

8.9%

ADRC clients visited the center because of Dementia or Alzheimer's Disease

74

Youth involved in chapters or safety plans



# THE COMMUNITY

**Washington County** includes the communities of Addison, Barton, Erin, Farmington, Germantown, Hartford, Jackson, Kewaskum, Polk, Trenton, Wayne, and West Bend. The County is north of Waukesha County and east of Dodge County and west of Ozaukee County. The overall make up of Washington County is listed below with comparison with the overall State of Wisconsin. The data were accessed from the 2017 County Health Rankings overall snapshot. [Link.](#)

| Total Population - Washington Co. |                                   |         |            |       |
|-----------------------------------|-----------------------------------|---------|------------|-------|
| Total Population                  |                                   | 2015    | State 2015 |       |
|                                   |                                   | 133,674 | 5,771,337  |       |
| Total Population - Washington Co. |                                   |         |            |       |
|                                   |                                   | N       | %          | %     |
|                                   | Non-Hispanic White                | 124,718 | 93.3%      | 81.9% |
|                                   | Non-Hispanic Black                | 1,470   | 1.1%       | 6.3%  |
|                                   | Asian                             | 1,738   | 1.3%       | 2.8%  |
|                                   | American Indian and Alaska Native | 535     | 0.4%       | 1.1%  |
|                                   | Hispanic or Latino                | 4,144   | 3.1%       | 6.6%  |
| Total Population - Washington Co. |                                   |         |            |       |
|                                   | Male                              | 66,230  | 49.5%      | 49.1% |
|                                   | Female                            | 67,526  | 50.5%      | 50.2% |
| Total Population - Washington Co. |                                   |         |            |       |
|                                   | Male Population                   |         |            |       |
|                                   | 0-17                              | 15,514  | 23.4%      | 23.1% |
|                                   | 18-44                             | 20,818  | 31.4%      | 35.0% |
|                                   | 45-64                             | 20,194  | 30.51%     | 27.7% |
|                                   | 65+                               | 9,704   | 14.61%     | 14.1% |
| Total Population - Washington Co. |                                   |         |            |       |
| Female Population                 |                                   |         |            |       |
|                                   | 0-17                              | 14,959  | 22.2%      | 21.9% |
|                                   | 18-44                             | 20,099  | 29.8%      | 35.5% |
|                                   | 45-64                             | 20,455  | 30.3%      | 27.5% |
|                                   | 65+                               | 12,013  | 17.8%      | 17.1% |
| Total Population - Washington Co. |                                   |         |            |       |
|                                   | Rural                             | 41,172  | 30.8%      | 29.8% |
|                                   | Not Proficient in English         | 1,337   | 1%         | 2%    |

# THE RESPONSE



In Washington County, public health, health care, and other sectors have devoted resources to screening, diagnosis, and treatment of mental illness, or those who lack a state of well-being. Those in need have various paths to support and services.

- Self referral
- Referral from a community provider
- 2-1-1
- Law enforcement
- EMS
- Google search of providers

The following is an overview of burden of mental illness through the response of different system sectors.

## WASHINGTON COUNTY



### Chapters

Chapter 51 is for Mental Health or AODA and is filed in the event someone is an imminent safety risk to themselves or someone else. Crisis staff make the determination if an emergency detention will be done or not, law enforcement takes the individual into custody and transports to the inpatient facility.

**450** Chapters established across Washington County.



### Safety Plans

Safety Plans are plans to maintain safety of the individual. They can involve anyone who is capable, available, and willing. In crisis situations involving law enforcement, it is the crisis staff that create them, but in reality safety plans are made several times a day by therapists and case managers.

**475** Safety Plans established across Washington County.



### Calls

These calls represent crisis calls to the county.

**648** Calls for referrals or support across Washington County.

## Police Department Contact by Municipality

### Jackson Police Department

|                |          |
|----------------|----------|
| 8 Chapters     |          |
| 4 Youth        | 4 Adults |
| 4 Safety Plans |          |
| 1 Youth        | 3 Adult  |

### Slinger Police Department

|                 |          |
|-----------------|----------|
| 7 Chapters      |          |
| 3 Youth         | 4 Adults |
| 18 Safety Plans |          |
| 7 Youth         | 9 Adult  |

### Hartford Police Department

|                 |           |
|-----------------|-----------|
| 48 Chapters     |           |
| 11 Youth        | 37 Adults |
| 19 Safety Plans |           |
| 7 Youth         | 12 Adult  |

### Kewaskum Police Department

|                 |  |
|-----------------|--|
| 6 Chapters      |  |
| 11 Safety Plans |  |

### Germantown Police Department

|                 |  |
|-----------------|--|
| 35 Chapters     |  |
| 32 Safety Plans |  |

### West Bend Police Department

|                  |  |
|------------------|--|
| 90 Chapters      |  |
| 391 Safety Plans |  |

# THE RESPONSE



## Washington County Community-Based Response



### Crisis

#### Washington County Crisis

| 256 Chapters                      |            |
|-----------------------------------|------------|
| 31 Youth                          | 225 Adults |
| 138 Voluntary Hospital Admissions |            |
| 31 Youth                          | 107 Adult  |

Calls received voluntarily admit or to encouraged admission.

**21** Alcohol Holds

**19,057** ACS Contacts

**147** Diverted Hospitalizations

**1,627** Nights through Calm Harbor



### Referrals

Referrals are key to understanding where people feel safe entering the system for support or treatment.

**8.9%** ADRC clients visit regarding Dementia or Alzheimer’s Disease

**104** Veterans Services

**15** Albrecht Free Clinic

**6** Casa Guadalupe

**19** Family Promise

**15** UW-WC



### Calls

Define who takes calls and what they can provide

**861** Housing Hotline

**59** Impact 2-1-1

**13** General crisis interventions

**10** Mental health hotline

**4** Central Intake/Assessment



*Without mental health care in the community I would not be here. I would probably be dead.*

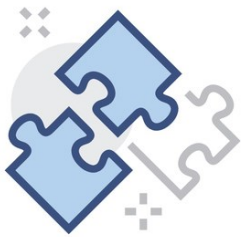
*I need a lot of support to get to the doctor, to have someone in my apartment to talk to and to help me clean. My thoughts go wild when I do not have someone to talk to. Community mental health services allow me to connect with nice people.*



*Client*







## Ozaukee County Specific Issue and Response Data

# THE ISSUE



The Centers for Disease Control defines **mental health** as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

Everyone does not experience mental health equally.

## OZAUKEE COUNTY

4% ↑

Increase in residents reporting mental health conditions between 2008-2014.

3

Mentally unhealthy days reported by residents in the past 30 days

3%

Of residents felt so overwhelmed they consider suicide in the past year.

11

Residents completed suicide in 2016.

The conditions and experiences identified by those interviewed include: **stress, depression, anxiety, paranoia, ADD, schizophrenia, PTSD, trauma, bipolar disorder, personality disorders, suicide.**

People usually don't experience these conditions alone; there are often co-occurring issues including: **substance use (alcohol, heroin/opioids), chronic disease, or criminal activities.**

Key informants of this report noted specific populations disproportionately affected by mental health issues. They included:

- children,
- adolescents,
- students,
- family units,
- foster children and Child in Need of Protection or Services (CHIPS)/child welfare cases,
- older adults or senior citizens,
- military veterans, and
- homeless individuals.

Though these may be the populations some key informants have the most experience working with, mental health and mental health issues were identified as impacting the whole community more generally. There is a sense that mental health issues touch many peoples' lives and county-wide awareness of these issues was named as an important step to addressing mental health.

72.9%

ADRC clients have had a recent change in behavior or mood

14.7%

ADRC clients visited the center because of Dementia or Alzheimer's Disease

66

Youth involved in chapters or safety plans

# THE COMMUNITY

**Ozaukee County** includes the communities of Belgium, Fredonia, Waubeka, Newburg, Port Washington, Saukville, Grafton, Cedarburg, Mequon, and Thiensville. The County is north of Milwaukee County and east of Washington County and has Lake Michigan on the east side of the county. The overall make up of Ozaukee County is listed below with comparison with the overall State of Wisconsin. The data were accessed from the 2017 County Health Rankings overall snapshot. [Link.](#)

| Total Population - Ozaukee Co. |                                   |        |       |            |
|--------------------------------|-----------------------------------|--------|-------|------------|
| Total Population               |                                   | 2015   |       | State 2015 |
|                                |                                   | 87,850 |       | 5,771,337  |
| Total Population - Ozaukee Co. |                                   |        |       |            |
|                                |                                   | N      | %     | %          |
|                                | Non-Hispanic White                | 80,822 | 92.0% | 81.9%      |
|                                | Non-Hispanic Black                | 1,230  | 1.4%  | 6.3%       |
|                                | Asian                             | 2,108  | 2.4%  | 2.8%       |
|                                | American Indian and Alaska Native | 264    | 0.3%  | 1.1%       |
|                                | Hispanic or Latino                | 2,460  | 2.8%  | 6.6%       |
| Total Population - Ozaukee Co. |                                   |        |       |            |
|                                | Male                              | 43,060 | 49.0% | 49.8%      |
|                                | Female                            | 44,743 | 51.0% | 50.2%      |
| Total Population - Ozaukee Co. |                                   |        |       |            |
|                                | Male Population                   |        |       |            |
|                                | 0-17                              | 9,791  | 22.7% | 23.1%      |
|                                | 18-44                             | 12,997 | 30.2% | 35.0%      |
|                                | 45-64                             | 13,244 | 30.8% | 27.7%      |
|                                | 65+                               | 7,028  | 16.3% | 14.1%      |
| Total Population - Ozaukee Co. |                                   |        |       |            |
| Female Population              |                                   |        |       |            |
|                                | 0-17                              | 9,176  | 20.5% | 21.9%      |
|                                | 18-44                             | 12,740 | 28.5% | 33.5%      |
|                                | 45-64                             | 13,964 | 31.2% | 27.5%      |
|                                | 65+                               | 8,863  | 19.8% | 17.1%      |
| Total Population - Ozaukee Co. |                                   |        |       |            |
|                                | Rural                             | 21,875 | 24.9% | 29.8%      |
|                                | Not Proficient in English         | 0      | 0%    | 2%         |

# THE RESPONSE



In Ozaukee County, public health, health care and other sectors have devoted resources to screening, diagnosis, and treatment of mental illness, or those who lack a state of well-being. Those in need have various paths to support and services.

- Self referral
- Referral from a community provider
- 2-1-1
- Law enforcement
- EMS
- Google search of providers

The following is an overview of the burden of mental illness through the response of different system sectors.

## OZAUKEE COUNTY



### Chapters

Chapter 51 is for Mental Health or AODA and is filed in the event someone is an imminent safety risk to themselves or someone else. Crisis staff make the determination if an emergency detention will be done or not, law enforcement takes the individual into custody and transports to the inpatient facility.

**112** Chapters established across Ozaukee County.



### Safety Plans

Safety Plans are plans to maintain safety of the individual. They can involve anyone who is capable, available, and willing. In crisis situations involving law enforcement, it is the crisis staff that create them, but in reality safety plans are made several times a day by therapists and case managers.

**736** Safety Plans established across Ozaukee County.



### Calls

These calls represent crisis calls to the county.

**541** Calls for referrals or support across Ozaukee County.

## Police Department Contact by Municipality

|                                        |                                     |                                    |
|----------------------------------------|-------------------------------------|------------------------------------|
| <b>Ozaukee County Sherriff's Dept.</b> | <b>Cedarburg Police Department</b>  | <b>Grafton Police Department</b>   |
| 26 Chapters                            | 9 Chapters                          | 16 Chapters                        |
| 138 Safety Plans                       | 95 Safety Plans                     | 136 Safety Plans                   |
| <b>Mequon Police Department</b>        | <b>Port Washington Police Dept.</b> | <b>Saukville Police Department</b> |
| 34 Chapters                            | 16 Chapters                         | 8 Chapters                         |
| 145 Safety Plans                       | 121 Safety Plans                    | 62 Safety Plans                    |
| <b>Thiensville Police Department</b>   |                                     |                                    |
| 3 Chapters                             |                                     |                                    |
| 39 Safety Plans                        |                                     |                                    |



# THE RESPONSE



## Ozaukee County Community-Based Response



### Crisis

#### Ozaukee County Crisis

##### 112 Emergency Chapters

14 Youth

98 Adults

*Total number of legal chapters that were done with crisis or law enforcement.*

##### 87 Voluntary Hospital Admissions

17 Youth

70 Adult

*Calls received on crisis that either wanted to go voluntarily or have been encouraged to go voluntarily.*

##### 176 Diversions

35 Youth

141 Adults

*Calls where alternative resources to hospitalization were utilized, such as safety planning, or outpatient counseling appointments.*

##### 18 Alcohol Holds

*Calls in which individuals are so much under the influence of alcohol that they are unable to care for themselves AND there is no adult willing to take responsibility for them.*



### Visits

272

Individuals seen by Psych Nurse at Lasata

15

Individuals seen by Psychologist at Lasata



### Referrals

Referrals are key to understanding where people feel safe entering the system for support or treatment.

14.7%

ADRC clients visit regarding Dementia or Alzheimer's Disease



### Trainings

There have been trainings offered throughout many professional networks in Ozaukee County.

100

Law Enforcement Officers

25

EMS Personal



### Calls

2,206

Calls to COPE Hotline by Ozaukee County residents. The Hotline offers emotional support and crisis intervention to callers 24-hours a day, 365 days a year.

3

Top reasons for calling:

- Loneliness
- Fear/Anxiety
- Depression

171

Calls to Housing Hotline

44

Calls to Impact 2-1-1

14

Talklines/Warmlines

5

General crisis interventions

3

Mental health hotline

